MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12016

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 10 Mos 5 Days

Stay in this community (yrs., or mos., or days): 10 Mos 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1204 Walnut Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry A. Allison

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary L. Allison

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): November 24 1887

8. AGE: Years	Months	Days	If less than one day
52	0	22	____ hrs. ____ min.

9. Birthplace: Warrenton Va.
(Town, county, and state)

10. Usual occupation: Engineer

11. Industry or business:

FATHER
12. Name: James E. Allison
13. Birthplace: Warrenton Va.

MOTHER
14. Maiden name: Mary I Edwards
15. Birthplace: Va.

16. Informant: Harry A. Allison
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 18 1939 (month) (day) (year)

Cemetery or crematory: Warrenton Cem.

Location: Warrenton. Va.

18. Funeral director: Warner E Pumphrey

Address: Silver Spring. Md.

19. 12/19/39 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH: Dec. 16 1939 at 9.20

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 11 im 1939, to Dec. 16 1939, and that I last saw h alivo on Dec. 16 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	14Yrs.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Fatal Hemorrhage	
Tuberculous Enteritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E Goodfellow M. D
M. D. or other

Address: State Sanatorium, Md. Date signed: 12/20/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

12017

CERTIFICATE OF DEATH

145.a

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 3270 - Patrick St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Marie Baker

3 (b) If veteran, name war: No

3 (c) Social Security No. No

4. Sex: female

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband ~~or wife~~ Guy Baker

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) July 27-1916

8. **AGE:** Years 23 Months 4 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Washington State (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business own home

FATHER

12. Name Barlet Emery

13. Birthplace California

MOTHER

14. Maiden Name Daisy Carl

15. Birthplace Montana

16 (a) Informant Evangeline Rice R.N.

(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Dec. 20. 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Brethern Cem.

Location Harmony

18 (a) Funeral director Gladhill Co.

(b) Address Middletown, Md

19 (a) 19-Dec-39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 18 1939 at 10 a.M 30

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to Dec 18 1939, and that I last saw ~~him~~ her alive on Dec 18 1939.

Immediate cause of death	Duration
Septicemia	4 days
Due to Parturition	7 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas M. D. or other

Address Frederick, Md Date signed Dec. 18-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1990
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

12018

1. PLACE OF DEATH (23)

County Federick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Clay Beacht If U. S. Veteran, specify WAR

(a) Residence: No. 117 West C St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 6, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. B & O R R Fireman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Aug 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland. (State or country)

FATHER

13. NAME Edward Beacht

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Nellie Miles

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs Nellie Beacht (Address) Brunswick, Md

18. BURIAL, CREMATION, OR REMOVAL Place Park Heights Bank Md. Date Dec. 27, 1939

19. UNDERTAKER C. H. Frete & Bro. (Address) Brunswick, Md.

20. FILED Dec 26, 1939 Mrs H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1939 to Dec 24, 1939

I last saw him alive on Dec 23, 1939; death is said to have occurred on the date stated above, at 5 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bi Lat Pulmonary Tuberculosis	?

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Xray Sputum Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Chrisoffer M.D.

(Address) Brunswick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Dr West

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 4 1930 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12019

Reg. Dist. No. 139

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Frederick,

City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium,

Stay in hospital or Inst. (yrs., or mos., or days): 8 Days.

Stay in this community (yrs., or mos., or days): 8 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rockville, Route #3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Geraldine E. Beckham

3. (b) Social Security Number: yes, unknown

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married.

B (b) Name of husband or wife: Dewey H. Beckham

6(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): January 8 1918

8. AGE: Years	Months	Days	If less than one day
21	10	24	hrs. min.

9. Birthplace: Ohio
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: A.H.DeVier
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Athens Georgia

16. Informant: Geraldine E. Beckham
Address: Rockville. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 5 1939 (month) (day) (year)

Cemetery or crematory: Unknown

Location: Stony Point. N.C.

18. Funeral director: M.L.Creager

Address: Thurmont. Md.

19. 12-7-39 (Date rec'd by registrar) 19 ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2 1939, at 10.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 24 1939, to December 2 1939, and that I last saw her alive on Dec 2 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 Mos.
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M. D. or other

Address: State Sanatorium Date signed 12/2/39

RECEIVED
JAN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (108) Reg. Dist. No. 131

CERTIFICATE OF DEATH

12020

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Mt. Emmitsburg - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Butler

3 (b) If veteran, name war
3 (c) Social Security No.

4. Sex: male | 5. Color or race: Col. | 6 (a) Single, ~~married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife Anna Lee

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1872

8. AGE: Years 67 | Months 7 | Days 5 | If less than one day ____hr. ____min.

9. Birthplace Frederick Co. Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Augustus Butler
13. Birthplace Md

MOTHER
14. Maiden Name Ann Watts
15. Birthplace Md

16 (a) Informant Mildred Gordon, Emergency
(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-11-1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. St. Marys
Location Mt. Emmitsburg - Md

18 (a) Funeral director A. L. Allison
(b) Address Emmitsburg Md

19 (a) 9-Dec-1939 (Date rec'd by registrar) (b) Dr. J. McSweeky Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 9. 1939, at 4 30 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1939, to Dec. 9 1939, and that I last saw him alive on Dec 9 19 39.

Immediate cause of death	Duration
Chronic Myocarditis	1938?
Due to Lobar pneumonia	10 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. O. Thomas M. D. or other
Address Frederick, Md Date signed 12/9/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(59)

CERTIFICATE OF DEATH

Reg. Dist. No. 12021

1. PLACE OF DEATH:

County: Frederick

City or town: Catoctin. Near Thurmont
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD. County: Fredk. 144

City or town: Catoctin. Near Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carrie Blanche Carty

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm. C. Carty

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 15th. 1889

8. AGE: Years: 50 Months: 9 Days: 29 If less than one day ____ hrs. ____ min.

9. Birthplace: Catoctin. Fredk Co MD
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Mc Clellan Sweeney
13. Birthplace: Frederick Co. MD

MOTHER
14. Maiden name: Emma K. Wilhide
15. Birthplace: Md.

16. Informant: Wm. C. Carty
Address: Thurmont. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 17th. 39 (month) (day) (year)

Cemetery or crematory: M.E. Cemetery
Location: Lewistown. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. Dec. 15 1939 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 14th. 39. at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Dec. 5 1939, to Dec. 13 1939, and that I last saw her alive on Dec. 13 1939.

Immediate cause of death: Diabetes Mellitus — DURATION: 4 yrs.

Due to

Due to

Other conditions: Pyelitis. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: James H. Gray M.D.
M. D. or other
Address: Thurmont. Md. Date signed 12-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-A) Reg. Dist. No. 131

CERTIFICATE OF DEATH

12022

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 230 South Market St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 South Market St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Minnie Rebecca Dixon Carty

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
Female	White	Married

6 (b) Name of husband ~~or wife~~ J. W. L. Carty

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Nov 18, 1866

8. AGE: Years	Months	Days	If less than one day
73	0	22	____ hr. ____ min.

9. Birthplace Frederick, Frederick Co. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name C. Frank Dixon
13. Birthplace Halltown W. Va.

MOTHER
14. Maiden Name Laura Virginia Willcoxon
15. Birthplace Frederick Md

16 (a) Informant J. W. L. Carty
(b) Address 230 S. Market St. Frederick

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md

18 (a) Funeral director Harry E. Carty Co
(b) Address Frederick, Md

19 (a) 12-Dec-1939 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 10 1939, at 3 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1939, to Dec. 10 1939, and that I last saw him alive on Dec. 10 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Austin Carre M. D. or other
Address Frederick, Md. Date signed 12/11/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82-a)

12023

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Rural. Frederick RFD 5

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Rural. Frederick RFD 5 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Philip Harlan Cline

3. (b) Social Security Number No

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Sara Hooper Cline

6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Aug. 18-1858

8. AGE: Years 81 Months 4 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Frederick County, Myersville, Md.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name Thomas Cline

13. Birthplace Myersville, Md.

MOTHER

14. Maiden name Catherine Summers

15. Birthplace Myersville, Md.

16. Informant Mrs. Sara Hooper Cline

Address Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Jan. 2-1940 (month) (day) (year)

Cemetery or ~~crematory~~ Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown Md

19. 1-Jany 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1939, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1930, to Dec 30 1939, and that I last saw him alive on Dec 28 1939.

Immediate cause of death Arthur Sclerosis

Due to Cerebral Hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 10 Years Dec 18th 1939

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hedge M. D. or other

Address Frederick Date signed Jan 1940 12th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

94a

Reg. Dist. No. 131

12024

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederock

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 321 E. Patrick

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 321 E. Patrick St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs. Clara Emma Cubitt

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband ~~or wife~~ Geo. T. Cubitt

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 22, 1876

8. **AGE:** Years 63 | Months 5 | Days 1 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Hyattstown, Montgomery, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name George Baker,
13. Birthplace Nr. Hyattstown, Md.

MOTHER
14. Maiden Name Elizabeth Nicholson,
15. Birthplace Nr. Hyattstown, Md.

16 (a) Informant Mrs. John L. Fleischman,
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/26/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 26-Dec-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death December 23, 1939, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1939, to Dec. 23 1939, and that I last saw ~~him~~ alive on Dec. 22, 1939.

Immediate cause of death: Angina Pectoris

Duration: a few minutes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Frederick Date signed 12/24 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12025

(181)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

~~Village~~ or City Frederick No. Frederick City Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Isabella Mae Cutsail

(a) Residence: No. Near Brad Run Rural St., Ward. Near Brad. Run Md Fred Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-Aug 35-

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	4	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland.

FATHER

13. NAME Lawrence W. Cutsail

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mabel J. Miller

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) Mabel J Cutsail Brad-Run Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Middletown Md

Place Reformed Cem Date 24 Dec, 1939

19. UNDERTAKER (Address) Gladhill Co Middletown Md

20. FILED 24-Dec, 1939 J. M. Lindsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 21- (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__ t last saw her ~~alive on~~ dead Dec 21, 1939; death is said to have occurred on the date stated above, at 5.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

First & second degree burns of body legs & arms — Date of onset 21-Dec-39

Other Contributory Causes of importance: shock, Acidosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 21-Dec, 1939

Where did injury occur? Home Near Brad. Run Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home

Manner of injury Caught dress from Stove

Nature of injury Home. Burns

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ____

(Signed) R. W. Baer M. D.

(Address) Frederick, Md

DR. R. W. BAER DEPUTY MEDICAL EXAMINER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JAN 5 1940
U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12026

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 3 Mos 4 Days

Stay in this community (yrs., or mos., or days): 3 Mos 4 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1121 S. Decker Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James N. DeGruchy

3. (b) Social Security Number: 213-05-1437

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Tillie DeGruchy

6(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): March 1 1885

8. AGE: Years	Months	Days	If less than one day
54	9	26	hrs. min.

9. Birthplace: Talbott Co. Md.
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business:

FATHER
12. Name: John DeGruchy
13. Birthplace: Isle of Jersey, England

MOTHER
14. Maiden name: Sarah Marshall
15. Birthplace: Wye Mills, Talbott Co Md.

16. Informant: James N. DeGruchy
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 29 1939 (month) (day) (year)

Cemetery or crematory: Mt. Carmel Cem.

Location: Baltimore. Md.

18. Funeral director: R.L.Creager

Address: Thurmont. Md.

19. 12/27/39 (Date rec'd by registrar) 19__ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 27 1939 5.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 23 1939 to Dec. 27 1939, and that I last saw him alive on Dec. 27 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions	
Tuberculous Enteritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Hoofnagle M.D.
M. D. or other

Address: Date Sanatorium Md. Date signed: 12/27/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (60)

Reg. Dist. No. 136

12027

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Nr. Point of Rocks, rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6months

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Nr. Point of Rocks, rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Margaret May Diggs,

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex female

5. Color or race colored

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1939

8. **AGE:** Years 0 | Months 9 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Ridgeville, Fred., Md.
(Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Roy R. Diggs,
13. Birthplace Nr. Urbana, Md.

MOTHER
14. Maiden Name Ruby Dorsey,
15. Birthplace Nr. Ridgeville, Md.

16 (a) Informant Roy R. Diggs,
(b) Address Tuscarora, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/39 (month) (day) (year)
(c) Cemetery or crematory Hope Hill Col. Cem.
Location Nr. Urbana, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland.

19 (a) Dec 16-39 (Date rec'd by registrar) (b) G O Hendricks Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 16th., 1939, at 7.30A. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw ~~him alive~~ her dead on Dec 16 1939.

Immediate cause of death Scurvy — Duration 3 weeks

Due to

Due to

Other conditions Secondary anemia malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Scurvy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. W. Burr Dept. Med Ex.
M. D. or other

Address Frederick, Md. Date signed 12/16/39

RECEIVED
JAN 5 1948
BUREAU V. S.

colb

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

12028

1. PLACE OF DEATH (82-01)

County Frederick Registration Dist. No. 141

Village or City Near Burketsville Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Tom Dorsey If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lizzie Boyce

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date dacaasad last workad at this occupation (month and year)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME Ellie Dorsey

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Sarah Brooks

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Roy Dorsey (Address) Burketsville

18. BURIAL, CREMATION, OR REMOVAL Place Burketsville Date Dec 12, 1939

19. UNDERTAKER C. H. Fogle & Bro. (Address) Brunswick, Md.

20. FILED Dec 16, 1939 Chas A. S. Hoffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1939, to, 19

I last saw h[illegible] alive on Dec. 8, 1939; death is said to have occurred on the date statad ebove, at 8 A m.

The **PRINCIPAL CAUSE OF DEATH** end relatad causas of importance were as follows:

	Date of oneet
Cerebral Hem.	12/8/39
Other **Contributory Causes** of importance:	
Arteriosclerosis	?

Neme of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If daeth was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Natura of Injury —

24. Was diseasa or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Brunswick Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 4 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12029

(93c)

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: New Market.
County Frederick
City or town New Market
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town New Market Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Mary Demuall.

3. (b) Social Security Number

4. Sex: Female | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: widow

6 (b) Name of husband ~~or wife~~ George W. Demuall.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26. 1856

8. AGE: Years 83 | Months 7 | Days 21 | If less than one day hrs. min.

9. Birthplace Jefferson Rural Frederick Md.
(Town, county, und state)

10. Usual occupation House wife

11. Industry or business Farm Zebulon Workings.

FATHER 12. Name "

13. Birthplace Maryland.

MOTHER 14. Maiden name Margaret Gardner.

15. Birthplace Virginia

16. Informant Blanch I Howard. Niece

Address New Market Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12. 19. 1939 (month) (day) (year)

Cemetery or crematory Central

Location R. New London Md.

18. Funeral director W. E. Falconer

Address New Market Md.

19. Dec 18 1939 (Date rec'd by registrar) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17, 1939, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 8, 1939, to Dec 17 1939, and that I last saw h~~er~~ alive on Dec. 17 1939.

	DURATION
Immediate cause of death: Pulmonary edema	8 days
Due to: Chronic myocarditis	2 yrs
Due to:	
Other conditions: Bronchial asthma	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ernest P. Roop, M.D.
M. D. or other
Address New Market Md. Date signed 12/18/39

Pt 1

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 131

CERTIFICATE OF DEATH

12030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 Court St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Henry Hosey Etchison

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: M
5. Color or race: W
6 (a) ~~Single, married,~~ widowed, or ~~divorced~~: Widower

6 (b) Name of ~~husband or~~ wife: Mary Ward Etchison
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19-1867

8. AGE: Years 72 | Months 2 | Days 13 | If less than one day ____hr. ____min.

9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual occupation Lawyer
11. Industry or business Law

FATHER
12. Name Henry N. Etchison
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Mary Latham
15. Birthplace Frederick Co. Md.

16 (a) Informant James Etchison
(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12-4-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick Md.

18 (a) Funeral director C. E. Cline and Son
(b) Address Frederick Md.

19 (a) 2-Dec 39 (Date rec'd by registrar) (b) J. M. Kennedy Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 2 1939 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1939, to Dec 2 1939, and that I last saw him alive on Dec 2 1939.

Immediate cause of death	Duration
Chronic Myocarditis,	2
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or towp) (County) (Stste)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E P Howard M. D. or other
Address Frederick Md Date signed Dec 2 39

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DEC 30 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12031

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 9Mos 19 Days

Stay in this community (yrs., or mos., or days): 9 Mos 19 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Balto.

City or town: Essex, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Shore #40 Wagners Lane.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George H. Eurice

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margarette Eurice

6(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): July 4 1883

8. AGE: Years	Months	Days	If less than one day
56	5	10	____ hrs. ____ min.

9. Birthplace: Balto. Co Md.
(Town, county, and state)

10. Usual occupation: Iron Moulder

11. Industry or business

FATHER
12. Name: William Eurice
13. Birthplace: Balto. Co. Md.

MOTHER
14. Maiden name: Luisa Byer
15. Birthplace: Balto. Co. Md.

16. Informant: George H. Eurice
Address: Essex, Balto. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17 1939 (month) (day) (year)

Cemetery or crematory: Parkwood Cem

Location: Baltimore. Md.

18. Funeral director: M.L.Creager

Address: Thurmont. Md.

19. 12/16/39 (Date rec'd by registrar) 19__ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 14 1939, at 12.00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 25 1939, to Dec. 14 1939, and that I last saw him alive on Dec. 14 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2Yrs10Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Stewart A. Shaffer M.D.
M. D. or other

Address: State Sanatorium Md. Date signed 12/14/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

12032

Reg. Dist. No. 134

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Frederick County
City or town Rural, near Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. near Emmitsburg, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Catherine Florence

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Widowed

6 (b) Name of husband or wife Sebastian Florence
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1859

8. AGE:

Years	Months	Days	If less than one day
80	3	12	hrs. min.

9. Birthplace Adams Co. Penna
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Eichenrode
13. Birthplace Carroll Co. Md

MOTHER
14. Maiden name Louise Rider
15. Birthplace unknown

16. Informant Kavanaugh Florence
Address Emmitsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 23, 1939 (month) (day) (year)
Cemetery or crematory St. Joseph's
Location Emmitsburg, Md.

18. Funeral director D. L. Allison
Address Emmitsburg, Md.

19. Dec 22 1939 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938, to Dec 21 1939, and that I last saw her alive on Dec 21 1939

Immediate cause of death	DURATION
Arterio sclerotic cardio vascular Disease —	several yrs
Due to Cerebral hemorrhage —	12-19-39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. R. Castle M D
M. D. or other
Address Emmitsburg Md Date signed 12-22-39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

12033

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
I. O. O. F. Home Rural

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 13yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County ~~Frederick~~ Baltimore

(c) City ~~or town~~ ~~Frederick~~ Relay
(If outside city or town limits, write RURAL and give town)

(d) Street No. ~~I. O. O. F. Home, Rural~~
(If rural give location)

(e) If foreign born, how long in U. S. A.? 56 years

3 (a) **FULL NAME** Andrew H. Forgan

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced.~~ single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1854

8. AGE: Years 85 | Months 2 | Days 3 | If less than one day ____hr. ____min.

9. Birthplace Collinsburg, Scotland.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Andrew Forgan,
13. Birthplace Largo, Scotland

MOTHER
14. Maiden Name Cecelia Terbit,
15. Birthplace Annhtrought, Scotland

16 (a) Informant Records, I.O.O.F.Home,
(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Melville Cemetery,
Location Elk Ridge, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 18-Dec-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 15th., 1939 at 11.25P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to Dec 15 1939, and that I last saw him alive on Dec 15 1939.

Immediate cause of death	Duration
Chronic Myocarditis	?
Due to Cerebro Sclerosis	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E P Thomas
M. D. or other

Address Frederick, Md. Date signed 12-16-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 5 1940
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12034

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 1Yr. 1Mo. 20 Days
Stay in this community (yrs., or mos., or days): 1Yr 1Mo 20Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen-Anne
City or town: Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma M Gardner

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Orem Gardner
6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): October 13 1893

8. AGE: Years	Months	Days	If less than one day
46	2	3	hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Bradshaw
13. Birthplace: Maryland

MOTHER
14. Maiden name: Rachel Evans
15. Birthplace: Maryland.

16. Informant: Emma M. Gardner
Address: Chester. Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 18 1939 (month) (day) (year)
Cemetery or crematory: Stevensville Cem.
Location: Stevensville Md.

18. Funeral director: M.L.Creager
Address: Thurmont. Md.

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

M

20. DATE OF DEATH: December 16 1939, at 12,00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 1938, to Dec 16 1939, and that I last saw her alive on Dec. 16 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 Yrs.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Mitral Stenosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. M. D. or other
Address: State Sanatorium Md. Date signed: 12/16/39

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12035

1. PLACE OF DEATH

County Frederick Registration Dist. No. 137

Village or City Johnsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amos Graham

(a) Residence: No. Johnsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Bruchey Graham

6. DATE OF BIRTH (month, day, and year): Mar 4th 1854

7. AGE: Years 85 Months 7 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Samuel Graham

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mary Hines

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Mrs Laura Graham, Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Beaver Dam Date: 12/28, 1939

19. UNDERTAKER (Address): Powell & Albaugh, Libertytown Md

20. FILED: Dec 27, 1939 W. A. Curfman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 25, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov 15, 1939, to Dec 25, 1939

I last saw him alive on Dec 25, 1939; death is said to have occurred on the date stated above, at 6.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Hemorrhage

Date of onset

Other Contributory Causes of importance: Carcinoma of Throat

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Nissley M. D.

(Address) Johnsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

12036

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Rural, Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 13 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Rural, Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. Nr. Frederick R.F.D.I (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Eugene Richard Hahn

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced.~~ single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1926

8. **AGE:** Years 13 | Months 1 | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Frederick, Fred, Md. (Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Walter J. Hahn,
13. Birthplace Nr. Walkersville, Md.

MOTHER
14. Maiden Name Elmyra Staley,
15. Birthplace Nr. Woodsboro, Md.

16 (a) Informant Mr. Walter J. Hahn,

(b) Address Frederick, Md. R. D.

17 (a) Entombment (~~Burial, cremation, or removal~~) (b) Date thereof 12/8/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Fred. Mem. Cloister

Location Frederick, Md. R.D.

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Md.

19 (a) 7 Dec. 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 6th., 1939, at 9.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939, to Dec 6th 1939, and that I last saw him alive on Dec 6th 1939

Immediate cause of death Uremia

Due to Complete Suffusion

Due to Chronic Interstitial

Other conditions Condition Dropsy

Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 4 days; 10 months; 4 months; 9 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H Hedge M. D. or other

Address Frederick, Md. Date signed 12/8/39

6

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

12037

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution:~~ 107 W. South

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 45 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 107 W. South St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Geo. Washington Hamilton

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Della S. Hamilton

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec. 26-1872

8. **AGE:** Years 66 | Months 11 | Days 24 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Stone Cutter

11. Industry or business

FATHER

12. Name John H. Hamilton

13. Birthplace Frederick Co. Md.

MOTHER

14. Maiden Name Georgianna Dare

15. Birthplace Frederick Co. Md

16 (a) Informant Miss Maude Hamilton

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12-23-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Olivet

Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md

19 (a) 21-Dec-39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 20 1939, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1939, to Dec 20 1939, and that I last saw him alive on Dec 20 1939.

Immediate cause of death: Coronary Thrombosis — Duration: Sudden

Due to: Chronic Myocarditis

Due to: Arteriosclerosis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work?

(e) Means of injury

23. Signature H. S. Sleeker M. D. or other

Address Frederick Md. Date signed 12/21/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Strachan

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942)

Reg. Dist. No. 131

12038

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 175 W. All Saint

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 49 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 175 W. All Saint (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mrs. Grace May Harold

3 (b) If veteran, name war	3 (c) Social Security No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	widow

6 (b) Name of husband or ~~wife~~ David Harlod

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1889

8. AGE: Years	Months	Days	If less than one day
49	11	29	____hr. ____min.

9. Birthplace Frederick, Fred., Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER

12. Name William T. Cole,

13. Birthplace Fred. Co., Md.

MOTHER

14. Maiden Name Fannie Bowie,

15. Birthplace Fred., Co., Md.

16 (a) Informant Mrs. Cornelia Dunmore,

(b) Address 175 W. Saint ST., Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Fairview Cemetery

Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Md.

19 (a) 11- Dec 39 (Date rec'd by registrar) (b) J. M. Lundy Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 9, 1939, at 7.30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1939, to Dec 9 1939

and that I last saw him alive on Dec. 6 1939.

Immediate cause of death Coronary Occlusion

Duration 9 Days

Due to ____

Due to ____

Other conditions Chronic Nephritis, Hypertension (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury —

23. Signature [illegible] M. D. or other

Address Frederick, Md. Date signed

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JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (130)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

12039

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution:~~ 301 Fleming Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 56 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 301 Fleming Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Harvey Adolphus Harrington

3 (b) If veteran, name war: none

3 (c) Social Security No. 214-10-5802

4. Sex: M

5. Color or race: W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of husband or wife: Mary Lela Mateny

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Feb. 2-1883

8. **AGE:** Years 56 | Months 10 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick-Co.-Md. (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Confectioner

FATHER

12. Name Adolphus H. Harrington

13. Birthplace Frederick Co. Md.

MOTHER

14. Maiden Name Eliza Baer

15. Birthplace Frederick, Co. Md.

16 (a) Informant Mrs. Mary Lela Harrington

(b) Address 301 Fleming Ave Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12-26-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Md.

19 (a) 26-Dec-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 23-Dec-1939, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-Dec 1939, to 23-Dec 1939, and that I last saw him alive on 23-Dec 1939.

Immediate cause of death	Duration
Myocardial Insufficiency	6 mos.
Due to Acute Myocarditis: Duration, six months. CWSR	?
Due to Alcoholism	2 yrs.
Other conditions Renal Suspension	2 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ira J. McCurdy M. D. or other

Address Frederick Md Date signed 26-12-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (115-a)

Reg. Dist. No. 136

CERTIFICATE OF DEATH

12040

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: Rural Urbana (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in this community (yrs., mos., or days): 5mo23da

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Frederick

(c) City or town: Rural Urbana (If outside city or town limits, write RURAL and give town)

(d) Street No.: Ijamsville, Md. R. D. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Earlston Eugene Harris,

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife:

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 13, 1939

8. AGE: Years: 0 Months: 5 Days: 23 If less than one day: ____hr. ____min.

9. Birthplace: Nr. Urbana, Fred., Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER

12. Name: Jesse T. Harris,

13. Birthplace: Nr. Urbana, Md.

MOTHER

14. Maiden Name: Nora M. Snowden,

15. Birthplace: Ijamsville, Md.

16 (a) Informant: Jesse T. Harris,

(b) Address: Ijamsville, Md. R. D.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/7/39 (month) (day) (year)

(c) Cemetery or crematory: Ebeneazer

Location: Centersville, Md.

18 (a) Funeral director: M. R. Etchison & Son,

(b) Address: Frederick, Maryland

19 (a) Dec 6-39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death: Dec. 6th., 1939, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1939, to 11-27 1939, and that I last saw him alive on 11-27 1939.

Immediate cause of death	Duration
Acute myocarditis	1 wk
Due to Acute tonsillitis was the primary cause of the acute myocarditis.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: [signature] M. D. or other

Address: Frederick, Md. Date signed 12/6/39

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JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12041

1. PLACE OF DEATH

County Frederick Registration Dist. No. 147

Village or City Woodville District No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Violet Marie Horton

(a) Residence: No. Woodville District St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18, 1935

7. AGE Years 4 Months 6 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Arthur L. Horton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ada S. Coshour

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Arthur Horton (Address) Mt Airy #4

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Date Dec 8th, 1939

19. UNDERTAKER Powell & Albaugh (Address) Libertytown Md

20. FILED Dec 8, 1939 Archley R. Molesworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 7, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1939, to Dec 7, 1939

I last saw him alive on Dec 7, 1939; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diphtheria	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. Nussler M. D.

(Address) Johnsville Md.

Dec 8

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12042

Reg. Dist. No. 145

1. PLACE OF DEATH:
County Frederick
City or town Myersville Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Myersville Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Mountain, above Highlands
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Ann Jackson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife James Jackson
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 2 1861

8. AGE: Years 78 | Months 9 | Days 5 | If less than one day ____ hrs. ____ min.

9. Birthplace Wolfsville, Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Horatio Holmes
13. Birthplace Burkittsville, Md.

MOTHER
14. Maiden name Caroline Green
15. Birthplace Wolfsville

16. Informant Charles Jackson
Address Myersville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10. 39 (month) (day) (year)
Cemetery or crematory Grossnickel Bretherenlem.
Location Ellerton

18. Funeral director Gladhill & Co.
Address Middletown, Md.

19. Dec. 8 (Date rec'd by registrar) 1939 William L. Wachtel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7th 1939, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25 1939, to Dec. 7 1939, and that I last saw her alive on Dec. 7th 1939.

Immediate cause of death	DURATION
~~Myocarditis~~ an Acute dilataion of heart	
Due to Cronic myocarditis	10 years
Due to	
Other conditions Hpertension and arterio-sclerosis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. V. Staton M.D.
M. D. or other
Address Myersville, Md. Date signed Dec. 8. 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12043

Reg. Dist. No. 130

1. PLACE OF DEATH:

County Frederick

City or town Buckeystown Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Buckeystown Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Johnson

3. (b) Social Security Number

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Florence Johnson

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) June 16 - 1855

8. AGE: Years 84 Months 6 Days 2 If less than one day ___ hrs. ___ min.

9. Birthplace Harpersferry W. Va. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farming

FATHER 12. Name John John

13. Birthplace Harper Ferry W Va

MOTHER 14. Maiden name Florence Jackson

15. Birthplace Frederick County Md

16. Informant John R. Johnson

Address Buckeytown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-21-39 (month) (day) (year)

Cemetery or crematory Hopehill Cemetery

Location Hopehill Md

18. Funeral director John M Caldwell

Address 1600 N Jonathan St Hagerstown Md

19. Dec 19 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1939, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 1939, to Dec 18 1939 and that I last saw him alive on Dec 18, 1939.

Immediate cause of death: Uremia; uremic poisoning.

Due to Acute Nephritis; and acute attack engrafted upon a

Due to Chronic nephritis. [illegible]

Other conditions Hypostatic Pneumonia

(Include pregnancy within 8 months of death)

DURATION 12 days

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Wm S Simm M. D. or other

Address Frederick Date signed 12-14-39

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JAN 4 1946
BUREAU F. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12044

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46-E)

County Frederick Registration Dist. No. 134

Village or City Emmitsburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 74 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Margaret Jordan If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jordan

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Alonza Mentzer

14. BIRTHPLACE (city or town) (State or country) Maryland Frederick County

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Pennsylvania Adams County

17. INFORMANT John A. Jordan (Address) Thurmont Md.

18. BURIAL, CREMATION, OR REMOVAL Place Emmitsburg Md. Date Dec. 24, 1939

19. UNDERTAKER S. L. Gillisen (Address) Emmitsburg Md.

20. FILED Dec 22, 19 39 M. F. Shuff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 22 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Dec 22, 1939

I last saw her alive on Dec 21, 1939; death is said to have occurred on the date stated above, at 2.50 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
carcinoma liver -	Sept 1939

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Course Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. R. Cadle M. D.

(Address) Emmitsburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

JAN 4 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12045

210-m

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

~~Village or~~ City Frederick. No. Frederick City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John N. Joynes Jr.

(a) Residence: No. 1510 Bayfair Ave St., Ward. Norfolk Va.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ ~~OR DIVORCED,~~ (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Marian Joynes

6. DATE OF BIRTH (month, day, and year) June 21-1917

7. AGE: Years 22 | Months 5 | Days 11 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Electrician

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 39

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME John N. Joynes

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Jennie G. Silverman

16. BIRTHPLACE (city or town) (State or country) Hartford Conn.

17. INFORMANT (Address) John N. Joynes Norfolk Va.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Norfolk Va Date Dec 6th, 1939

19. UNDERTAKER (Address) C. E. Cline & Son Frederick Md

20. FILED 3-Dec, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 2 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ~~____ 19__ to ____ 19__~~

I last saw him ~~alive~~ dead on 12-2, 1939; death is said to have occurred on the date stated above, at 6.56 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Injury to chest (crushing injury to left chest with fracture of 5 ribs & pneumo-thorax

Date of onset: 13 hrs.

Other Contributory Causes of importance: Shock & hemorrhage

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-2, 1939

Where did injury occur? Montgomery Co. Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Route 240 one mile North of Hyattstown

Manner of injury auto. collision

Nature of Injury crushed chest

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) R. W. Barr M. D.

(Address) Frederick Md. Dept. Med Ex.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 5 1928
U.S.P.H.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94E)

Reg. Dist. No. 36 12046

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural Ijamsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 74yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Rural Ijamsville (If outside city or town limits, write RURAL and give town)
(d) Street No. near Ijamsville, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Thomas Jefferson Keller

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Sophia Remrick

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 15, 1865

8. AGE: Years 74 | Months 5 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Near Ijamsville, Fred, Md. (Town, county, and state)

10. Usual occupation Wheelwright

11. Industry or business

FATHER
12. Name Joseph C. Keller,
13. Birthplace Nr. Ijamsville, Md.

MOTHER
14. Maiden Name Louisa Rebecca Hilliary
15. Birthplace Nr. Ijamsville, Md.

16 (a) Informant Mrs. Thos. J. Keller,
(b) Address Ijamsville, Md. R. D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/39 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) Dec 8-39 (Date rec'd by registrar) (b) G. O. Andrick Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 6th, m 1939, at 5.45. p.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1939, to Dec 6 1939, and that I last saw him alive on Dec 6 1939.

Immediate cause of death	Duration
Coronary thrombosis	2 hours
Due to	
Due to	
Other conditions Arteriosclerosis	5 yrs (?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest P. Roop, M.D. M. D. or other
Address New Market, Md. Date signed 12/7/39

RECEIVED
JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12047

1. PLACE OF DEATH (92-a)

County Frederick Registration Dist. No. 134

Village or City Emmitsburg No. St. Joseph's College St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 3 years mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Kennedy (Sister Josepha) If U. S. Veteran, specify WAR

(a) Residence: No. St. Joseph's, Emmitsburg St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Sister of Charity

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sister of Charity

6. DATE OF BIRTH (month, day, and year): May 26, 1859

7. AGE: Years 80 | Months 6 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 55Yrs.

9494

12. BIRTHPLACE (city or town) (State or country): Lancaster Ohio

FATHER

13. NAME: John Kennedy

14. BIRTHPLACE (city or town) (State or country): Tipperary, Ireland

MOTHER

15. MAIDEN NAME: Julia M. Carrol

16. BIRTHPLACE (city or town) (State or country): Tipperary, Ireland

17. INFORMANT (Address): Sister Gertrude St. Joseph's, Emmitsburg

18. BURIAL, CREMATION, OR REMOVAL: Emmitsburg Md.

Place: St. Joseph's Emmitsburg, Md. Date: 12/16, 1939

19. UNDERTAKER (Address): S. L. Allison Emmitsburg Md.

20. FILED: Dec 16, 1939 M. F. Shuff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 13th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th, 1939, to Dec 13th, 1939

I last saw her alive on Dec 11th, 1939; death is said to have occurred on the date stated above, at 5:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1939
Other Contributory Causes of importance:	
Chronic Endocarditis	1937

Name of operation: Physical examination Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Morris A. Birely M. D.

(Address) Thurmont Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

JAN 4 1930
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93c)

Reg. Dist. No. 186

12048

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Rural, Urbana (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 86yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Rural, Nr. Urbana (If outside city or town limits, write RURAL and give town)

(d) Street No. Frederick, Md. R. D. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs. Catherine Margaret Kimmel

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Wm. H. Kimmel

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 12, 1853

8. AGE: Years 86 | Months 4 | Days 29 | If less than one day _____ hr. _____ min.

9. Birthplace Braddock, Fred., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James A. Wagner,
13. Birthplace Braddock, Md.

MOTHER
14. Maiden Name Martha Atkins,
15. Birthplace Braddock, Md.

16 (a) Informant Mrs. Robert L. Dixon,
(b) Address Frederick, Md. R. D. 2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.,
Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md.

19 (a) Dec 12-39 (Date rec'd by registrar) (b) G. O. Hendrickson Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 11, 1939, at 12.15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1939, to Dec. 11 1939, and that I last saw him alive on Dec. 10 1939.

Immediate cause of death	Duration
Chronic Myocarditis	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md. Date signed Dec 11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

12049

CERTIFICATE OF DEATH

210-m

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days) 1 day

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Carroll

(c) ~~City or town~~ Harney Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Harney Canoe Co Md (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mr. Ray Kiser

3 (b) If veteran, name war No

3 (c) Social Security No. 218-03-7058

4. Sex Male

5. Color or race white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. married

6 (b) Name of ~~husband~~ or wife Grace Angell Kiser

6. (c) If alive, give age unknown ~~years~~

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1920

8. AGE: Years 19 | Months 3 | Days 6 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Factory worker

11. Industry or business Blue Ridge Rubber Co

FATHER

12. Name Estar Kiser

13. Birthplace Md

MOTHER

14. Maiden Name Blanche Hilterbrick

15. Birthplace Md.

16 (a) Informant Estar Kiser

(b) Address Harney, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Dec 21, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Luthern Cemetry

Location Taneytown, Md

18 (a) Funeral director C. O. Fuss & Son

(b) Address Taneytown, Md

19 (a) 18-Dec-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 18 1939, at 6:45 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939, to Dec 18 1939, and that I last saw him ~~alive~~ dead on Dec 18 1939.

Immediate cause of death: Concussion of Brain - Fracture Jaw - Pneumothorax - Crushed chest.

Due to Auto Accident

Due to _____

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Dec 18

(c) Where did injury occur? Near Taneytown (City or town) (County) Md (State)

(d) Did ~~injury~~ occur about home, on farm, industrial place, in public place? Route 71 (Specify type of place) While at work? No

(e) Means of injury Auto Accident

23. Signature E. P. Thomas M. D. or other

Address Frederick Md Date signed Dec 18-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-B)

CERTIFICATE OF DEATH

12050

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 17 Y.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elias Knipple

3. (b) Social Security Number —

4. Sex: M
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret (Krug) Knipple
6(c) If alive, give age: 85 years
7. Birth date of deceased (mo., day, yr.): February 22, 1851
8. AGE: Years 88 | Months 9 | Days 29 | If less than one day — hrs. — min.
9. Birthplace: Carroll County Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: John Knipple
13. Birthplace: Adams Co. Penna.
MOTHER 14. Malden name: Unknown
15. Birthplace: "
16. Informant: Harry N. Knipple
Address: Rocky Ridge Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 23, 1939 (month) (day) (year)
Cemetery or crematory —
Location: Rocky Ridge Md
18. Funeral director: S. L. Allison
Address: Emmitsburg, Md.
19. Dec 22 1939 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1939 at 12 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1939, to Dec 20 1939, and that I last saw h— alive on Dec 20 1939.

Immediate cause of death	DURATION
Arterio-sclerosis	
Due to	
Due to	
Other conditions Cerebral thrombosis	Nov 1937

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Roland R Adler M.D.
M. D. or other
Address Detour Md Date signed 12/22/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(92-a)

12051

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Middletown, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Middletown, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Martin Lawson Lighter

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	Married.

6 (b) Name of husband or wife Jennie Sanner Lighter

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) June 13, 1858

8. AGE: Years	Months	Days	If less than one day
81	6	1	hrs. min.

9. Birthplace Middletown, Md. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Charles H. Lighter

13. Birthplace Middletown Md.

MOTHER 14. Maiden name Virginia E. Grove

15. Birthplace Middletown, Md.

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 16, 39 (month) (day) (year)

Cemetery or crematory Reform. Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co

Address Middletown Md

19. Dec. 16th 1939 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1939, at 1:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1939, to Dec 13 1939, and that I last saw him alive on Dec 13 1939.

Immediate cause of death	DURATION
Chr. Valvular Heart Disease	2 yrs.
Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury Injured at work?

23. SIGNATURE J. Elmer Harp M. D. or other

Address Middletown Date signed 12/15/39

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12052

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George William Martin If U. S. Veteran, specify WAR World War

(a) Residence: No. 2001 East A. St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Land Street

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Officials Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Major.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Virginia (State or country)

FATHER

13. NAME John Thomas Martin

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Margaret C. Conway

16. BIRTHPLACE (city or town) Penn. (State or country)

17. INFORMANT Mrs Emma C. Martin (Address) Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Marks Md. Date Dec. 19, 1939

19. UNDERTAKER C. H. Fuete & Bro (Address) Brunswick Md.

20. FILED Dec 17, 1939 Geo H. S. Hodgson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1939, to Dec 16, 1939

I last saw h-m alive on Dec 14, 1939; death is said to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 14-39
Other Contributory Causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wellington Schaeffer M. D.

(Address) Brunswick Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEPARTMENT OF HEALTH
DEC 29 1939
BOROUGH OF N. Y.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (468)

12053

CERTIFICATE OF DEATH

Reg. Dist. No. 140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town New Midway
(If outside city or town limits, writes RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town New Midway Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Fleet McClain

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Emma L. McClain
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 5, 1879

8. AGE:

Years	Months	Days	If less than one day
60	9	6	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name W. H. McClain
13. Birthplace Md.
MOTHER 14. Maiden name Laura Waltman
15. Birthplace Md.
16. Informant Mrs. W. H. McClain
Address New Midway, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17. 1939 (month) (day) (year)
Cemetery or crematory Brethern Cemetery
Location Rocky Ridge Md.
18. Funeral director Powell & Albaugh
Address Woodsboro Md.
19. Dec. 17. 1939 (Date rec'd by registrar) T. C. Powell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1939 at 10a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19th 1938 to Dec 13 1939 and that I last saw him alive on Dec 13 1939

Immediate cause of death	DURATION
Carcinoma of Stomach	1937
Due to General Carcinomatosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE Roland R Diller M D
M. D. or other
Address Detour Md Date signed 12/3/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (946)

Reg. Dist. No. 130

12054

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Rural, Nr. Lime Kiln, M
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 59

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Rural, Nr. Lime Kiln, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Lime Kiln, Md.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** David Trego McKinney

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frances Supplee

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1880

8. **AGE:** Years 59 | Months 2 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Lime Kiln, Frederick, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Dr. David F. McKinney,
13. Birthplace Jersey Shore, Pa.

MOTHER
14. Maiden Name Mary E. Trego,
15. Birthplace Danville, Pa., Md.

16 (a) Informant Mrs. D. Trego McKinney,
(b) Address Lime Kiln, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/39 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet Cem.
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md

19 (a) Dec 29, 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 28th., 1939, at 2.45P. M

21. I certify that death occurred on the date above stated; that I attended ~~deceased from _____ 19__, to _____ 19__~~, and that I last saw him ~~alive~~ dead on Dec 28 1939.

Immediate cause of death Coronary Occlusion — Duration: immediate

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. W. Baer Deputy Med. Examiner
M. D. or other

Address Frederick, Md Date signed 12.28.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1918
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

12055

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Montevue

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8days

(e) Length of stay in this community (yrs., mos., or days) 1 yr.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Frederick, Md. R.D. #1
(If outside city or town limits, write RURAL and give town)

(d) Street No. N. Market St., Extd.
(If rural give location)

(e) If foreign born, how long in U. S. A.? 49yrs years

3 (a) **FULL NAME** Archibald Miller

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) ~~Single, married~~, widowed, ~~or divorced~~. widower

6 (b) Name of ~~husband~~ or wife Anna Hannon

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1867

8. **AGE:** Years 72 Months 7 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Glascow, Scotland
(Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name William Miller,
13. Birthplace Glascow , Scotland.

MOTHER
14. Maiden Name Isabelle Johnston,
15. Birthplace Edinburgh, Scotland.

16 (a) Informant Records, I.O.O.F. Home,
(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Presbyterian Cem.
Location Granite, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland.

19 (a) 12-Dec 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 10, 1939, at 6.35P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1939, to Dec 10 1939, and that I last saw him alive on Dec 10 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	
Due to Myocardial insufficiency	
Other conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Austin Pearre
M. D. or other

Address Frederick, Md. Date signed 12/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (93C)

12056

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County Frederick
City or town Hansonville. Rural. Nr. Lewistown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 78 6-27

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County Frederick
City or town Hansonville. Rural Nr. Lewistown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Chalmers Hicks Miller

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura F. Mort

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): May. 9th. 1861

8. AGE: Years 78 | Months 6 | Days 27 | If less than one day: hrs. min.

9. Birthplace: Hansonville. Fredk Co. MD (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER
12. Name: John Wm. Miller
13. Birthplace: Hansonville. Fredk Co. MD

MOTHER
14. Maiden name: Juliah Shaum
15. Birthplace: Frederick. MD

16. Informant: Mrs Laura F. Miller
Address: Frederick. Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 9th. 39 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Utica. Fredk Co. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. Dec. 8 1939 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6th. 1939 at 5 P;M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 2 1939, to Dec. 6 1939, and that I last saw him alive on Dec. 6 1939.

	DURATION
Immediate cause of death: Myocardial Failure	
Due to: Chronic Myocarditis & Prostatic Hypertrophy	
Due to:	
Other conditions:	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations:	
Of autopsy:	

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Howard W. Ash M.D.
M. D. or other
Address: Frederick, Md. Date signed: 12/7/39

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (75) Reg. Dist. No. 131

CERTIFICATE OF DEATH

12057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 511 North Market Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 511 North Market Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Franklin Pierce Miller

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife M. Louise Carson Miller

6. (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) January 9, 1904

8. AGE: Years 35 | Months 11 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Frederick, Maryland (Town, county, and state)

10. Usual occupation Barber

11. Industry or business Private Business

FATHER

12. Name William Allen Miller

13. Birthplace Frederick, Maryland

MOTHER

14. Maiden Name Addie Kehler

15. Birthplace Frederick, Maryland

16 (a) Informant Mrs. F. Pierce Miller

(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline and Son

(b) Address Frederick, Maryland

19 (a) 14-Dec. 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death 12-13- 1939, at 3 a. - M.

21. I certify that death occurred on the date above stated; that I attended ~~deceased~~ from ____ 19__, to ____ 19__, and that I last saw him ~~alive~~ dead on Dec 13 1939.

Immediate cause of death	Duration
acute alcoholism	6 hrs
Due to	
Due to	
Other conditions Chronic alcoholism	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

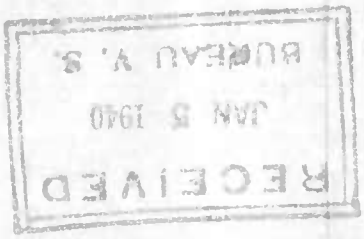
(e) Means of injury

23. Signature R. W. Baer M. D. or other

DR. R. W. BAER DEPUTY MEDICAL EXAMINER

Address Frederick Md Date signed 12.13.39

Dr. Baer



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(130)

12058

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Burkittsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Burkittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John Harold Miller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Luella M. Miller
6(c) If elive, give age 39 years

7. Birth date of deceased (mo., day, yr.) June 15, 1898

8. AGE: Years 41 | Months 5 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Burkittsville, Md.
(Town, county, and state)

10. Usual occupation Mail Carrier

11. Industry or business

FATHER
12. Name Albert A. Miller
13. Birthplace Burkittsville, Md.

MOTHER
14. Maiden name Bessie M. Sigler
15. Birthplace Burkittsville, Md.

16. Informant Luella M. Miller
Address Burkittsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 6 39 (month) (day) (year)
Cemetery or crematory Locust Valley Cemetery
Location Locust Valley

18. Funeral director Gladhill & Co.
Address Middletown, Md.

19. Dec. 6 1939 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1939 at 4:45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1 1939 to Dec 4 1939, and that I last saw him alive on December 3 1939.

	DURATION
Immediate cause of death Interstitial Nephritis	One year
Due to Kidney Disease	
Due to	
Other conditions Arteriosclerosis & Hypertension. (Include pregnancy within 3 months of death)	?

Major findings
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Thomas Stratton MD
M. D. or other
Address Brunswick Md Date signed 12-5-39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12059

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 5 Months.

Stay in this community (yrs., or mos., or days): 5 Months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Balto.

City or town: Stemmers Run. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ruth M. Moroz.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 2 1924

8. AGE:

Years	Months	Days	If less than one day
15	6	3	____ hrs. ____ min.

9. Birthplace: Stemmers Run, Balto. Co Md
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER
12. Name: Albert Moroz
13. Birthplace: Poland

MOTHER
14. Maiden name: Justina ----------?
15. Birthplace: Poland.

16. Informant: Ruth M Moroz
Address: Stemmets Run Balto. Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 9 1939 (month) (day) (year)

Cemetery or crematory: First Luthern Cem.

Location: Balto. Co. Md.

18. Funeral director: M.L.Creager

Address: 12/5/39 Thurmont. Md.

19. ____ 19____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 5 1939, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1939, to Dec. 5 1939, and that I last saw him alive on Dec 5 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 Mos.
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Stewart L. Shaffer M D.
M. D. or other

Address: State Sanatorium Md Date signed: 12/5/39

RECEIVED
JAN 6 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(93c)

12060

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 255 Washington

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 45yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 255 Washington (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Charles Thomas Picking

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Carrie May Bragonier

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) January 17, 1861

8. **AGE:** Years 78 | Months 11 | Days 0 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick County Maryland (Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER

12. Name Thomas Picking

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden Name Margaret Cramer

15. Birthplace Frederick County Maryland

16 (a) Informant Mrs. Charles T. Picking

(b) Address 255 Washington St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/20/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 20-Dec-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death December 17 1939 at 9:10P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1939, to Dec 17 1939, and that I last saw him alive on Dec 1 1939.

Immediate cause of death: Coronary Thrombosis — Duration: Sudden

Due to: Chronic Myocarditis

Due to: Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. **Signature** [signature] M. D. or other

Address Frederick, Md. Date signed 12/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

12061

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
305 Centre Street

(d) Length of stay in hospital or inst. (yrs., mos., or days) ____

(e) Length of stay in this community (yrs., mos., or days) 10 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 305 Centre Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Annie Lohmuller Radcliff

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~: Henry Granville Radcliff

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 24, 1857

8. AGE: Years 82 | Months 6 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Edward Baeunehauer
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Heise
15. Birthplace Germany

16 (a) Informant Mrs. Archie Rhinier

(b) Address Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Western Cemetery

Location Baltimore, Maryland

18 (a) Funeral director C. E. Cline and Son

(b) Address Frederick, Maryland

19 (a) 6-Dec-1939 (Date rec'd by registrar) (b) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 12-4-1939, at 11 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936, to 12-4-1939, and that I last saw him alive on 12-4-1939.

Immediate cause of death	Duration
Due to Cerebral Hemorrhage	4 hrs
Due to Arterio Sclerosis	15-to 20 yrs
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature Dr. W. E. Broome, M. D. or other

Address Frederick Date signed 12/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

O. Barnes Jr.

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59) Reg. Dist. No. 131

CERTIFICATE OF DEATH

12062

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Va (b) County Clarke
(c) City or town Berryville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Alice Shepherd

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1857

8. AGE: Years 82 | Months 11 | Days 14 | If less than one day ____hr. ____min.

9. Birthplace Berryville Va
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Bernetta Carter D.C.
(b) Address 341 Gayle St. N.W. Washington

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 14-39 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Glenwood
Location Washington D.C.

18 (a) Funeral director W. H. Chambers Co
(b) Address Washington D.C.

19 (a) 14-Dec 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 14 1939, at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1939 to Dec 14 1939, and that I last saw ~~him~~ her alive on Dec 14 1939.

	Duration
Immediate cause of death: Diabetic Acidosis	3 days
Due to: Diabetes Mellitus	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas
M. D. or other
Address Frederick Md Date signed Dec 14-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12063

(108)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 41

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Reginald Shenbridge If U. S. Veteran, specify WAR None

(a) Residence: No. 207 Maple Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor McCormick

6. DATE OF BIRTH (month, day, and year) March 1 1900

7. AGE: Years 39 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. B & O R.R.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Fire Marshall

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Clarence Daniel Shenbridge

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Ella Cole

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs C. R. Shenbridge (Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL Place Harper Cem. Harpers Ferry W Va Date Dec 21, 1939

19. UNDERTAKER C. H. Fite & Bro (Address) Brunswick Md.

20. FILED Dec 20, 1939 Wm H S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, that I attended deceased from Dec 5, 1939, to Dec 19, 1939

I last saw him alive on Dec 19, 1939; death is said to have occurred on the date stated above, at 1 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ventricular Tachycardia — Date of onset Dec 15-39

Other Contributory Causes of Importance:

Phobar Pneumonia & Bi Lat Dec 19

Cerebrum Atchest

Streptococci

Name of operation Paracentesis Date of

What test confirmed diagnosis? Electrocardiography, Gallbladder & Chest

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Schwaffer M.D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107-a) Reg. Dist. No. 131 12064

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days

(e) Length of stay in this community (yrs., mos., or days) 15yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 244 W. Fifth St.,
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Charles Wilmeth Simpson

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex ~~male~~ white

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: married

6 (b) Name of ~~husband~~ or wife: Carmen M. Klipp

6. (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): May 27, 1896

8. AGE: Years 43 | Months 6 | Days 18 | If less than one day: _____ hr. _____ min.

9. Birthplace: Mt. Airy, Carroll, Md.
(Town, county, and state)

10. Usual occupation: City Policeman

11. Industry or business: City of Frederick

FATHER
12. Name: Charles E. Simpson,
13. Birthplace: Carroll Co., Md.

MOTHER
14. Maiden Name: Mary C. Hane,
15. Birthplace: Carroll Co., Md.

16 (a) Informant: Mrs. Chas. W. Simpson,
(b) Address: Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Mt. Olivet
Location: Frederick, Maryland

18 (a) Funeral director: M. R. Etchison & Son,
(b) Address: Frederick, Md.

19 (a) 18-Dec-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 16 1939, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1939, to Dec 16 1939, and that I last saw him alive on Dec 16 1939.

	Duration
Immediate cause of death: Pneumonia	
Bronchial Pneumonia.	7
Due to: Cold.	1
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Wm Crawford Johnson M. D. or other

Address: Frederick Md Date signed 12/16/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(82-a)

12065

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
~~City or town~~ Rural--Frederick R. F. D. #1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 79 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City or town~~ Rural-Frederick R.F.D.#1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Nr. Frederick, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Emma Riser Smith

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~ Granville M. Smith
6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) December 10, 1860

8. AGE: Years 79 | Months 0 | Days 21 | If less than one day ___ hrs. ___ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)
10. Usual occupation House-wife
11. Industry or business

FATHER
12. Name George H. Riser
13. Birthplace Frostburg, Maryland

MOTHER
14. Maiden name Mary Pettingall
15. Birthplace Frederick County Maryland

16. Informant Mr. Granville M. Smith
Address Frederick, Md. R. F. D. #1

17. Burial (Burial, ~~cremation, or removal. Which~~?) Date thereof 1/2/40 (month) (day) (year)
Cemetery ~~or crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 2-Jan 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31st, 1939, 2:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1938, to 31st Dec 1939, and that I last saw her alive on Dec. 30th 1939.

Immediate cause of death: Arthur S Clemmer — DURATION 10 years
Due to Cerebral Hemorrhage — Dec 1st 1939
Due to
Other conditions Chronic Arthritis — One year
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank H. Heyn M. D. or other
Address Frederick Date signed Jan 1st 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12066

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 5 Mos 15 Days

Stay in this community (yrs., or mos., or days): 5 Mos 15 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Balto.

City or town: North Pt. Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Sparrows Pt R.F.D.10 Box 186
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margarette H. Smith.

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 4 1921

8. AGE: Years: 18 Months: 9 Days: 19 If less than one day: ____ hrs. ____ min.

9. Birthplace: Newport News Va.
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER
12. Name: Louis W Smith
13. Birthplace: Hampton Co Va.

MOTHER
14. Maiden name: Frances R Mitchum
15. Birthplace: Charleston. S.C.

16. Informant: Margarette H. Smith
Address: North Pt. Creek. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 26 1939 (month) (day) (year)

Cemetery or crematory: Oak Lawn Cem.

Location: Balto. Co. Md.

18. Funeral director: John G. Connelly

Address: Essex. Md.

19. 12-27-39 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 23 1939 8.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1939 to Dec. 23 1939, and that I last saw her alive on Dec. 23 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1Yr 4Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions	
Tuberculous Enteritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: John G. Goodpasture M. D.
M. D. or other

Address: State Sanatorium Md. Date signed 12/29/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 121

CERTIFICATE OF DEATH

(75)

12067

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 166 W. All Saint
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 35yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 166 W. All Saint
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Livious LeRoy Stanton

3 (b) If veteran, name war	3 (c) Social Security No.
None	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	Colored	Widower

6 (b) Name of ~~husband~~ or wife Lillian V. Smith
6. (c) If alive, give age ~~/~~ years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1892

8. AGE: Years	Months	Days	If less than one day
47	11	7	_____ hr. _____ min.

9. Birthplace Daisy, Howard County Maryland
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name John Stanton
13. Birthplace Howard County Maryland

MOTHER
14. Maiden Name Elizabeth Prettyman
15. Birthplace Howard County Maryland

16 (a) Informant Harry Stanton
(b) Address Daisy, Md

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 12/26/39
(month) (day) (year)
(c) Cemetery or ~~crematory~~ Fairview Cemetery
Location Nr. Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 26-Dec-1939 (b) Ira J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death Dec-23 1939, at Unknown M

21. I certify that death occurred on the date above stated; that I attended ~~deceased~~ from _____ 19____, to _____ 19____, and that I last saw him ~~alive~~ dead on Dec 23 1939.

Immediate cause of death	Duration
Acute alcoholism	12 hrs.
Due to	
Due to	
Other conditions Cirrhosis alcoholism	20 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

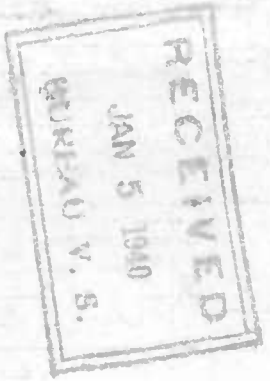
DR. R. T. BAER
DEPUTY MEDICAL EXAMINER

23. Signature P. W. Baer
M. D. or other
Address Frederick, Md. Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12068

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick.
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 20 Days
Stay in this community (yrs., or mos., or days): 20 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Prince George
City or town: Riverdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 926 Jefferson Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Michael J. Sullivan.
3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Anna C. Sullivan
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 18 1875
8. AGE: Years 64 | Months 5 | Days 6 | If less than one day ____ hrs. ____ min.
9. Birthplace: Washington. D.C. (Town, county, and state)
10. Usual occupation: Pipe-fitter
11. Industry or business
FATHER 12. Name: John I. Sullivan
13. Birthplace: Ireland.
MOTHER 14. Maiden name: Anastasia Ryan
15. Birthplace: New York
16. Informant: Michael J. Sullivan
Address: Riverdale. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 28 1939 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cem.
Location: Washington. D.C.
18. Funeral director: Timothy Hanlon
Address: Washington. D.C.
19. 1 Nov 39 (Date rec'd by registrar) 19__ [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 1939, at 3.35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1939, to Dec. 24 1939, and that I last saw him alive on Dec. 24 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1Yr.
Due to: Tubercle Bacilli
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: John E. Goodpasture M.D. (M. D. or other)
Address: State Sanatorium Md. Date signed: 1 Nov 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-M)

Reg. Dist. No. 13

12069

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Braddock Heights Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sub Station
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** William Arthur Swann

3 (b) If veteran, name war	3 (c) Social Security No.
None	None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
Male	Colored	Married

6 (b) Name of ~~husband or~~ wife Jeanette Lee

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1888

8. AGE: Years	Months	Days	If less than one day
51	3	14	____hr. ____min.

9. Birthplace Braddock Heights, Maryland
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Samuel M. Swann
13. Birthplace Braddock Heights, Maryland

MOTHER
14. Maiden Name Ida Smith
15. Birthplace Braddock Heights, Maryland

16 (a) Informant Mrs. William A. Swann
(b) Address Braddock Heights, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/28/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Fairview Cemetery
Location Nr. Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 28-Dec-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death December 26, 19 39 at 2:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from dead 19___, to ____ 19___, and that I last saw him alive Dead Dec. 26, 19 39

Immediate cause of death	Duration
Paralytic ilius	2wks
pulmonary oedma	2wks
Due to injury to spinal cord in cerebral region	2wks
Due to to automobole accident	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes 12/26/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 9. 1939
(c) Where did injury occur? Frederick, Fred., Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? pubilc place While at work? no
(Specify type of place)
(e) Means of injury Automobile accident

23. Signature P. W. Bare DR. R. W. BARE DEPUTY MEDICAL EXAMINER
M. D. or other
Address Frederick, Md. Date signed 12/27/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 29 1939
BUREAU V. R.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12070

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Fredrick Co. Md.

City or town Near Emmitsburg Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gene Aralain Trent

3. (b) Social Security Number

4. Sex: M

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1. 1939

8. AGE: Years | Months 3 | Days 8 | If less than one day hrs. min.

9. Birthplace Fredrick Co. Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Wentz
13. Birthplace Wise Co. Va.

MOTHER
14. Maiden name Anna G. Trent
15. Birthplace Rose Hill Lee Co. Va.

16. Informant Maggie Trent

Address Emmitsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9-1939 (month) (day) (year)

Cemetery ~~or crematory~~ St Joseph

Location Emmitsburg Md

18. Funeral director S. L. Allison

Address Emmitsburg Md.

19. Dec 9 = 1939 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw him ~~alive~~ dead on Dec 9 1939

Immediate cause of death: Marrelean + dehydration — DURATION: 3 days

Due to Diarrhoea — 3 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Baer Deptg Med. Ex.
M. D. or other

Address Fredrick Md Date signed 12.9.39

RECEIVED
JAN 4 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

12071

92-a

1. PLACE OF DEATH

County Frederick Registration Dist. No. 4-1

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Gustav von Blücher If U. S. Veteran, specify WAR none

(a) Residence: No. Brunswick St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mida Chambers

6. DATE OF BIRTH (month, day, and year) Oct 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Telegraph Operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 28 yrs 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harpers Ferry W. Va (State or country)

FATHER

13. NAME Edward F. von Blücher

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Medora Stifer

16. BIRTHPLACE (city or town) Harpers Ferry W Va (State or country)

17. INFORMANT Mrs. Mida von Blücher (Address) Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL Park Heights, Brnk Md. Date Dec 21st, 1939

19. UNDERTAKER C. H. Fuste & Bro (Address) Brunswick Md.

20. FILED Dec 20, 1939 Geo. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov 11, 1939, to Dec 19, 1939

I last saw him alive on Dec 18, 1939; death is said to have occurred on the date stated above, at 9 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Heart Disease	
Other Contributory Causes of importance:	
Arteriosclerosis	12/10/39

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Brunswick Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Thurs 1 P. M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 4 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

12072

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:
County Frederick
City or town near New Midway
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town near New Midway Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Calvin Isaac Wagner

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Mary A. Brandenburg
6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 12. 1871

8. AGE:

Years	Months	Days	If less than one day
68	10	19	hrs. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name Isaac L. Wagner
13. Birthplace Pa.
MOTHER 14. Maiden name Mary Betson
15. Birthplace Md.
16. Informant Mrs. Calvin L. Wagner
Address Keymar Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 3. 1940 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Frederick Md.
18. Funeral director Powell & Albaugh
Address Woodsboro, Md.
19. Dec 31 1939 L. C. Pearre
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939, at 3 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 1939, to Dec 31 1939, and that I last saw him alive on Dec 31 1939.

Immediate cause of death	DURATION
Cerebral Thrombosis	1 hr.
Due to Arterio Sclerosis	2 yrs.
Due to Chronic Interstitial nephritis	2 yrs.
Other conditions	

(Includa pregnancy within 3 months of death)
Major findings:
Df operations
Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Roland R. Diller M.D.
M. D. or other
Address Detour Md Date signed 12/31/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13 1

CERTIFICATE OF DEATH

12073

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21

(e) Length of stay in this community (yrs., mos., or days) 21

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ Dickerson
(If outside city or town limits, write RURAL and give town)

(d) Street No. Dickerson Rural R.F.D. 1
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Shirley Warfield

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23-1934

8. AGE: Years 5 | Months 1 | Days 4 | If less than one day _____hr. _____min.

9. Birthplace Md. Frederick Co.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Mr. William Warfield
13. Birthplace Maryland

MOTHER
14. Maiden Name Betty Harding
15. Birthplace Maryland

16 (a) Informant Wm. Warfield
(b) Address Dickerson, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Monocacy
Location Beallsville, Md.

18 (a) Funeral director Wm. B. Hilton
(b) Address Barnesville, Md

19 (a) 27-Dec-39 (Date rec'd by registrar) (b) Lynn Lamb Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 27 1939, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1936, to Dec. 27 1939, and that I last saw ~~him~~ her alive on Dec. 27 1939.

Immediate cause of death	Duration
Strep. Viridans endocarditis	1 mo(?)
Due to Congenital Heartdisease (Pulmonary Stenosis?)	Life
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Conley Jr. M.D.
M. D. or other

Address Buckeystown Md Date signed 12-27-39.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44-C) 118

12074

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) Seven Days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Virginia County Loudon

~~City~~ or town Lovettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Wire, Miss Elizabeth

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1907

8. AGE:

Years	Months	Days	If less than one day
32	9	14	hrs. min.

9. Birthplace Lovettsville, Loudon, Va.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name Charles E. Wire
13. Birthplace Lovettsville, Va.

MOTHER
14. Maiden name Stella Potterfield,
15. Birthplace Lovettsville, Va.

16. Informant Mr. C. E. Wire,
Address Lovettsville, Va.

17. Burial
(Burial, ~~cremation, or removal. Which?~~) Date thereof 12/9/39 (month) (day) (year)

Cemetery ~~or crematory~~ Union Cemetery

Location Lovettsville, Va.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland.

19. 7-Dec 1939 Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1939, at 3 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 1939, to Dec. 7 1939, and that I last saw her alive on Dec. 7 1939.

Immediate cause of death	DURATION
Tularaemia	2 wks
Due to Infection on finger of	
Due to Rt. hand	
Other conditions Pneumonia	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre, M.D.
M. D. or other
Address Frederick, Md Date signed 12/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1949
BUREAU V. S.